

Addendum #3
OFFICE OF PUBLIC HEALTH
STD/HIV PROGRAM
DEPARTMENT OF HEALTH AND HOSPITALS

Questions and Answers with Attachments A, B, C
RFP # 305PUR-DHHRFP-PBM-OPH
Proposal Due Date/Time: March 30, 2012
4:00 P.M. CDT

#	RFP Ref	Page #	RFP Text	Question and Answer
1.	Bullet 8	9	Enter all data into or prepare data for import into CAREWare, a HRSA-developed, web-based data management system. Software will be provided by SHP.	What are the data elements required to update the CAREWare System? RFP Attachments VI. ADR Proposed Client Level Variables, VII. ADR Proposed Grantee Level Variables and VIII. Minimum Required Data Fields/Variables provide examples of current reports, including lists of data fields. Additional reporting requirements may be identified as state and federal legislation is enacted or amended.
2.	Pharmacy Network	8	Contractor shall create, maintain and/or expand a pharmacy distribution network within Louisiana and provide LA ADAP with an established and operational single source mail order distribution system capable of serving the needs of eligible clients in all 64 parishes of the state.	Is there currently a network of participating providers in this Program? If so, please provide the total number of participating providers enrolled in the Program, as well as, the parishes in which they serve Full pay pharmacy services are currently managed by SHP through the Louisiana AIDS Drug Assistance Program (ADAP) providing pharmacy services via contract with the 10 LSU Medical Centers. Third party claims are currently managed by HIV/AIDS Alliance for Region Two (HAART) through the Louisiana Health Insurance Program (HIP) which currently has an open pharmacy network. Both programs serve clients residing in all 64 parishes in the State of Louisiana.
3.	Pharmacy Network	8	Contractor shall create, maintain and/or expand a pharmacy distribution network within Louisiana and provide LA ADAP with an established and operational single source mail order distribution system capable of serving the needs of eligible clients in all 64 parishes of the state.	Does the State currently have a mail-order pharmacy that supports this Program? No
4.	Monthly Reimbursement	27	Describe the proposer's ability and experience in providing payment upfront to the network pharmacies for the duration of a month while	Please confirm provider claim payments are issued on a monthly basis. In addition, please confirm if this Program supports EFT payments issued to the selected contractor and reimbursement of provider claims.

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			preparing an invoice to SHP at the end of each month. Include a description of how the proposer ensures that reimbursement is only requested for valid claims; include details about the claims checking processes that eliminate duplicate or invalid claims.	Pharmacy claims are currently paid on a monthly basis. OPH SHP supports EFT payments.
5.	General			<p>What entity or Agency currently performs the services required in this RFP?</p> <p>Full pay pharmacy services are currently managed by SHP through the Louisiana AIDS Drug Assistance Program (ADAP) providing pharmacy services via contract with the 10 LSU Medical Centers. Third party claims are currently managed by HIV/AIDS Alliance for Region Two (HAART) through the Louisiana Health Insurance Program (HIP) which currently has an open pharmacy network.</p>
6.	Bullet #3	13	Capture the required information for payment and analysis of program statistics including HRSA ADAP reporting requirements and drug manufacturer rebate requests.	<p>Please confirm the drug rebate requirements are limited to capturing and reporting drug rebate requests.</p> <p>The requirements of this RFP are to capture the required information for third party payment and conduct a routine analysis of program statistics-including HRSA ADAP reporting requirements and drug manufacturer rebate requests.</p>
7.	K. Payment	21	The contractor shall submit deliverables in accordance with established timelines and shall submit itemized invoices monthly or as defined in the contract terms. Payment of invoices is subject to approval of STD/HIV Program Administrative Director.	<p>Please clarify how the contractor will be paid for services during both the implementation phase as well as the operations phase. Will the contractor be paid based on a fixed monthly fee or some other methodology (per claim, etc)?</p> <p>OPH SHP will execute a cost reimbursement contract with the successful proposer of this RFP process, to begin on July 1, 2012. The contractor will be reimbursed on a monthly basis for the provision of all full pay pharmacy services delivered to eligible clients, as well as for operational costs to provide those medications and services and make third party claims made on behalf of eligible clients. Any costs incurred by the successful proposer prior to July 1, 2012 or after June 30, 2015 (unless there is an earlier termination of this contract) shall not be reimbursed. .</p>
8.	C. Retainage	33	The Department shall secure a retainage of 10% from all billings under the contract as surety for performance. On successful completion of contract deliverables, the retainage amount may	<p>Please confirm that the retainage only applies to operations period payments.</p> <p>The required retainage applies to all costs invoiced by the contractor.</p>

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			be released on an annual basis.	Invoices may only contain costs for operations services.
9.	Sample Cost Template	48, and Attachment V Sample cost template	<p>Administrative Costs may include:</p> <ul style="list-style-type: none"> • Usual and recognized overhead activities, including rent, utilities, and facility costs • Costs of management oversight of specific programs funded under this title, including program coordination; clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/ software not directly related to patient care. <p>However, in accordance with the legislative mandates of the Ryan White HIV/AIDS Treatment Extension Act of 2009, and the Monitoring Standards for Ryan White Part A and B Grantees, Administrative Costs must be documented and may not exceed 10% of the total resources contracted for direct client services.</p>	<p>Please confirm that the “Administrative staff” section at the top of Attachment V and the “Administrative costs” section at the bottom of Attachment V should be the 2 areas added together where the total costs cannot exceed 10% of the direct client project costs.</p> <p>All staff that is directly related to patient care services (i.e., pharmacy staff who dispense prescriptions to eligible clients, or counselors who promote adherence information and techniques to clients) and all direct costs (such as the cost of full pay medications, or computer hardware/software directly related to patient care) shall be excluded from Administrative Costs. By HRSA definition, however, all other costs would be considered Administrative in nature.</p>
10.	Bullet #4	39	Contractor agrees to retain all books, records and other documents relevant to the contract and funds expended thereunder for at least four (4) years after final payment or as prescribed in 45 CFR 74:53 (b) whichever is longer. Contractor shall make available to the Department such records within thirty (30) days of the Department's written request and shall deliver such records to the Department's central office in Baton Rouge, Louisiana, all without expense to the Department. Contractor shall allow the Department to inspect, audit or copy records at the contractor's site, without expense to the Department.	<p>What is the proper retention of records period? Section 3 states three (3) years, whereas Section 4 states four (4) years?</p> <p>The reference in Section 3 does not relate to the record retention requirement. The provisions of the CF-1 page 2 clause 4 states that all documents related to work completed in conjunction with this contract shall be retained by the contractor for a period of FOUR years after the termination of the contract.</p>
11.	Section 11	40	All non-third party software and source code, records, reports, documents and other material delivered or transmitted to Contractor by State shall remain the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract. All non-third party software and source code, records, reports, documents, or other material related to this contract and/or obtained or	<p>The State is seeking ownership of intellectual property of either the contractor or third party. Ownership of intellectual property that was not first developed under this contract would be expensive. Would the State consider a license instead?</p> <p>The Department requires ownership of any product or intellectual property created or developed by contractor, its agents, subcontractors,</p>

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			prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract.	employees or others at contractor's request pursuant to this contract.
12.	Bullet #5	11	Maintain a toll-free client support number, which will be staffed 24 hours a day, 7 days a week including weekends as well as state and federal holidays. The toll-free client support number must also be available in the event of SHP staff furlough, government shut downs, emergency evacuation or other unforeseen events.	Is there an existing toll free number that will be used for the program, or would the award winner need to supply a new toll free number? The Contractor shall supply a toll free number.
13.	Bullet #5	14	Provide additional required monthly and quarterly reports as requested that describe various aspects of program activity. Attachments VI – IX provide examples of current reports, including lists of data fields. Additional reporting requirements shall be identified as state and federal legislation is updated.	Page 14, paragraph 5 under Reporting indicates that “Attachments VI – IX provide examples of current reports...”, but there is no Attachment IX in the RFP. Will Attachment IX be provided? This was a typographical error. The final attachment of the RFP is Attachment VIII
14.	Reporting	13	Contractor shall provide all required annual, semi-annual, quarterly, and monthly reports and exchange of data.	With the exception of the report described in Attachment VII, there are no examples of current reports. Will additional report examples be provided? RFP Attachments VI. ADR Proposed Client Level Variables, VII. ADR Proposed Grantee Level Variables and VIII. Minimum Required Data Fields/Variables provide examples of current reports, including lists of data fields.
15.	General			To allow vendors sufficient time to develop quality proposals, will the State consider extending the deadline for submitting proposals by April 6? The Schedule of Events has been revised and posted to LaPAC.
16.	Purpose of RFP	5, Item B1	The contract will begin July 1, 2012 and run through June 30, 2015, contingent upon the availability of federal funding.	Has the State applied for or received federal funding for the services required by the RFP? The State applies annually for the federal funds to support the services required by the RFP.

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17.	Bullet 6	10	Provide an automated process of ongoing screening for other prescription benefits for LA ADAP clients.	<p>Please confirm that this requirement is limited to third party verification during the claims adjudication process.</p> <p>The PBM must identify and report the LA ADAP clients' enrollment in and eligibility for other payers, including but not limited to private insurance, Medicaid and Medicare as well as provide ongoing screening for other prescription benefits for LA ADAP clients.</p> <p>If not, please provide the name of the vendor that currently provides an automated process of ongoing screening for other prescription benefits for LA ADAP clients</p> <p>This verification is currently performed manually by OPH SHP and HIP staff.</p> <p>Please provide the name of the vendor that currently provides the recoupment process and software.</p> <p>There is no vendor; this process is currently performed by OPH SHP and HIP.</p>
18.	Claims Processing	10, item 8b	Coordinate benefits with all Medicare Part D PDPs in the state of Louisiana, without discrimination, based upon the Medicare Part D PDP in which the individual is enrolled, as clarified by the CMS Coordination of Benefits (COB) guidelines dated July 1, 2005, and any subsequent updates to these guidelines that are available at: http://cms.hhs.gov/PrescriptionDrugCovContra/02_RxContracting_COB.asp .	<p>Please provide a new link to the guidelines since we receive "Error – Page Not Found" when trying to access the link http://cms.hhs.gov/PrescriptionDrugCovContra/02_RxContracting_COB.asp.</p> <p>http://www.cms.gov/PrescriptionDrugCovContra/Downloads/CobGuidance_07.01.05.pdf</p>
19.	Technical/ Customer Support	11, item 3	Maintain current contact information on CBOs, clinicians, network pharmacies, and insurance companies.	<p>For start of operations, is contact information on CBOs, clinicians, and insurance companies available electronically so that the new vendor can load the data to their system?</p> <p>OPH SHP does not currently have an electronic claims system. While some basic contact information for CBO's, clinicians and insurance companies can be provided, the PBM is required to build a pharmacy network inclusive of all information needed to establish and maintain electronic claims processing and billing.</p>

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20.	Staffing and Organization Plan	15	Contractor shall provide a Staffing and Organization Plan to complete all aspects of the proposed work.	<p>Please provide an organization chart of the current organization that supports the services required by the RFP.</p> <p>This is the first time an RFP for these services has been released, and there is no organization that currently supports all of the services required by the RFP. Three OPH SHP staff, and a limited number of staff supported by contractual agreements with HIP and the ten LSU Medical Centers provide some of the services that are now required in the RFP.</p>
21.	Technical/ Customer Support	11-12		<p>What are the annual, monthly, weekly, and daily historical call volumes and duration for the help desk, by call type?</p> <ul style="list-style-type: none"> ▪ Weekly pharmacy inquiry calls ▪ Weekly client inquiry calls ▪ Weekly SHP staff technical calls ▪ Weekly technical calls <p>OPH SHP does not currently maintain a helpdesk.</p>
22.	Reporting	13, item 3	Capture the required information for payment and analysis of program statistics including HRSA ADAP reporting requirements and drug manufacturer rebate requests.	<p>For the term drug manufacturer rebate request, is the State referring to capturing data to ensure that the State can generate drug rebate invoices?</p> <p>HRSA Reporting requirement are outlined in attachments VI. ADR Proposed Client Level Variables, VII. ADR Proposed Grantee Level Variables and VIII. Minimum Required Data Fields/Variables</p> <p>The requirements of this RFP are to capture the required information for third party payment and conduct a routine analysis of program statistics-including HRSA ADAP reporting requirements and drug manufacturer rebate requests.</p> <p>SHP will continue to process all drug rebate requests to manufacturers. Additional reporting requirements may be identified as State and federal legislation is enacted or amended.</p>
23.	Monthly Reimbursement	14, item 1	Reimburse the network pharmacies in accordance with NCPDP Guideline timeframe for prescriptions filled for eligible clients. Submit an invoice for reimbursement to SHP by the 10th of each month, following the month in which services were	<p>For 2011, please provide the total amount paid to network pharmacies by month.</p> <p>Please see Attachment B</p> <p>Is the vendor required to provide the option for pharmacies to receive</p>

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			provided.	<p>payment via EFT?</p> <p>Outside of the NCPDP Guidelines, the contractor shall work to guarantee timely payment to pharmacies. EFT is preferred.</p> <p>Is the vendor required to send pharmacies a remittance advice summarizing the payments for each payment cycle? If yes, please provide the expected media options for the remittance advice (paper, electronic, etc).</p> <p>The purpose of this RFP is to establish a contractual relationship between SHP and the successful proposer. The requirement of the RFP is that the PBM contractor reimburses the network pharmacies in accordance with NCPDP Guideline timeframe for prescriptions filled for eligible clients. The PBM shall establish a standard reconciliation format between itself and its network pharmacies.</p>
24.	General			<p>Please provide a list of the data and files that the vendor is required to convert?</p> <p>How many years of claims data is the vendor expected to convert?</p> <p>Conversion of claim and client data prior to the start date of the contract is not an expectation of this RFP.</p>
25.	Transition Plan	28	Describe in detail the plan and the proposed timeline to successfully transition clients from the current LA ADAP service provision model to a PBM model.	<p>Please provide additional information describing the current LA ADAP service provision model.</p> <p>Full pay pharmacy services are currently managed through Louisiana ADAP which contracts with the 10 LSU Medical Centers. Third party claims are currently managed through the Louisiana Health Insurance Program (HIP) which currently has an open pharmacy network. Both programs serve eligible clients residing in all 64 parishes in the State of Louisiana.</p>
26.	Data System	12	Contractor shall maintain a data system that is capable of receiving and managing client eligibility information to use for claims processing, monthly invoicing, reports and billing.	<p>Will the vendor be required to support a prior authorization (PA) program? If so, what communications methods will be supported (calls, faxes, email, etc). What hours of support will be required?</p> <p>The Contractor will not be required to support a prior authorization program; thus, no hours of support would be required either.</p> <p>What is the average monthly PA volume to be handled by the vendor? Are there periodic spikes in PA volume? If so, what are the peak</p>

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				volumes and when have they typically occurred? OPH SHP does not currently maintain a prior authorization process.
27.	Personnel Assignments	33	The Contractor's key personnel assigned to this contract may not be replaced without the written consent of the Department. Such consent shall not be unreasonably withheld or delayed provided an equally qualified replacement is offered. Key personnel for these purposes will be determined during contract negotiation.	The RFP indicates that Key Personnel will be determined during negotiations. Can the State provide any guidance on the positions that are deemed to be "key" so vendors can plan staffing assignments in more detail? Key personnel for the proposed services will be determined during contract negotiation. Each proposer should identify key personnel based on the service model that is being proposed.
28.	Conflict of Interest	15	Neither contractor nor its subcontractors shall have ownership or any interest in any pharmacies in Louisiana which will participate in the provider network created or utilized under the contract awarded through this RFP.	Pursuant to Conflict of Interest Section (p.15), would the Department consider a proposal from CVS Caremark for PBM services to include a pharmacy network for the Louisiana ADAP to consist solely of CVS retail and Caremark mail facilities? No.
29.	Purpose of RFP	5	A contract is necessary to provide pharmacy benefits management services to all eligible clients with coverage through Medicare Part D, Pre-existing Condition Insurance Plan (PCIP) and private insurance, as well as uninsured clients. The successful proposer will implement an efficient and cost-effective program with a comprehensive distribution network of pharmacies that provides services to eligible clients residing in all 64 parishes in Louisiana.	Please confirm that the chosen PBM will be providing both <u>primary</u> prescription drug services to ADAP members with no additional insurance and <u>secondary</u> prescription drug services (wraparound drug benefit) to ADAP members with existing primary insurance (Medicaid, Medicare Part D, or commercial). Correct. The successful proposer shall provide services to all eligible clients with coverage through Medicare Part D, Pre-existing Condition Insurance Plan (PCIP) and private insurance. If so, will the PBM be expected to submit two separate pricing proposals, one for the primary drug benefit and a separate proposal for the secondary drug benefit covering drug costs, co-payments, etc., not covered by the primary insurance? Only one pricing proposal may be submitted; however proposers are encouraged to differentiate costs and/or provide additional information to better inform RFP reviewers of the overall budget required to provide the various services to eligible clients through the contractor.
30.	Deliverables	9	Contractor shall create, maintain and/or expand a pharmacy distribution network within Louisiana and provide LA ADAP with an established and operational single source mail order distribution	Can you provide detail on how many of the estimated 6,900 claims would be for the ADAP primary prescription drug service and how many would be for the ADAP as secondary prescription drug service?

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			system capable of serving the needs of eligible clients in all 64 parishes of the state	Please see Attachment A for a current, detailed breakdown.
31.	General			<p>Will we need to register with DHH website in order to access the response document?</p> <p>It is recommended that proposer register with the Louisiana Procurement and Contract Network; however official responses will be posted on the Internet and will be available for review to everyone at the following link:</p> <p>Louisiana Procurement and Contract Network http://wwwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4 This is the official site for RFP related documents and notices.</p> <p>DHH intends to also post the responses at the following links:</p> <p>Louisiana Department of Health and Hospitals http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47</p> <p>STD/HIV Program www.hiv.dhh.louisiana.gov</p> <p>LA HIV411 www.hiv411.org</p>
32.	Conflict of Interest	15	Neither contractor nor its subcontractors shall have ownership or any interest in any pharmacies in Louisiana which will participate in the provider network created or utilized under the contract awarded through this RFP.	<p>Could you please clarify this clause, does this prohibit a prospective bidder, i.e., PBM, that owns or has interest in Louisiana pharmacies from bidding on this RFP?</p> <p>It prohibits the contractor from having any ownership or other interest in any Louisiana pharmacy which will participate in the provider network under the contract.</p>
33.	General			<p>Please describe the drug pricing program being considering for this program? AWP, 340B....</p> <p>Louisiana has historically been a 340B hybrid ADAP pricing state. Although the LA ADAP program is currently functioning under a direct purchase pricing model, Louisiana is considered a mixed purchasing state since the health insurance services are provided through a separate mechanism and partial pay rebates are collected. SHP is open to considering a purchase model restructuring during the contract negotiation process.</p>

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34.	Deliverables	9	Establish and maintain a network of pharmacy locations capable of providing walk-in service to 100 percent of LA ADAP clients.	<p>Could you please provide a list of Louisiana ADAP/ HIP client count by zip code and monthly medication claims counts by Parish or zip code.</p> <p>Please see Attachment A.</p>
35.	Deliverables	9	Establish and maintain a network of pharmacy locations capable of providing walk-in service to 100 percent of LA ADAP clients.	<p>In offering a pharmacy network for you clients, is it necessary to retain your current pharmacy provider?</p> <p>It is preferred that the successful proposer retain any of the current pharmacy providers that are able to meet the contractor's network requirements.</p>
36.	Deliverables	9	Have an established mail order pharmacy as an option	<p>Does the single source mail order distribution system need to be located in Louisiana?</p> <p>The single source mail order distribution system does not need to be located in Louisiana.</p>
37.	Scope of Work, Claims Processing (5.)	10	Identify and report the LA ADAP clients' enrollment in and eligibility for other payers, including but not limited to private insurance, Medicaid and Medicare.	<p>As part of the enrollment and eligibility data that will be provided to the contractor, will LA ADAP provide information on the private insurance status and/or any detailed insurance data for LA ADAP clients?</p> <p>Yes, this information will be provided to the successful proposer by OPH SHP to the extent of OPH SHP's current knowledge.</p>
38.	Scope of Work, Claims Processing (6.)	10	Provide an automated process of ongoing screening for other prescription benefits for LA ADAP clients	<p>Does LA ADAP have an existing relationship with the State Medicaid program to verify Medicaid status of LA ADAP program members on a pre-set frequency (i.e. weekly, monthly, quarterly)?</p> <p>OPH SHP can manually verify an applicant's Medicaid status, but there is not a pre-set frequency to do so, nor is there an expedited electronic batching or program-wide mechanism to achieve this verification.</p>
39.	Scope of Work, Claims Processing (7.)	10	Have a detailed, mapped recoupment process for instances where other prescription coverage has been identified, so that claims can be reversed and rebilled to other payers. Facilitate and report to SHP staff the recoupment process and provide a detailed description of how this task will be performed to include type(s) of software used, outside vendor(s) used (if any), frequency at which tasks are performed, and how information will be communicated to LA ADAP and/or the pharmacy.	<p>Is LA ADAP amenable to working with the contractor to define the timeframe for a recoupment process which involves reversal and rebilling of claims by network pharmacies?</p> <p>Yes. This will be completed during contract negotiations with the successful proposer.</p> <p>This is to ensure that expectations for this process are in sync with primary payer billing allowances.</p>

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40.	Scope of Work, Monthly Reimbursement (1.)	14	Reimburse the network pharmacies in accordance with NCPDP Guideline timeframe for prescriptions filled for eligible clients. Submit an invoice for reimbursement to SHP by the 10 th of each month, following the month in which services were provided.	Is SHP willing to consider an increased frequency of invoicing, i.e. weekly or twice monthly? No.
41.	Scope of Work, Monthly Reimbursement (4.)	14	Add or remove specific drugs to the formulary as directed by SHP staff. SHP defines the LA ADAP formulary. The formulary includes individual drugs and whole classes of drugs.	How many times were requests made to modify the formulary by removal or addition of drugs during the past fiscal year or recent 12 month period? There have been 2 formulary addition requests in the last 12 months. However, Louisiana ADAP and HIP have different formularies. HIP has an open formulary, excluding only erectile dysfunction and over the counter medications. LA ADAP's formulary is currently restricted to HIV ARVs and OIs recommended by the US PHS for the treatment of HIV disease. Requests for formulary additions are typically only received as new HIV ARV and OIs receive FDA approval.
42.	General			Please provide a copy of the most recent ADAP formulary. Please see Attachment C.
43.	General			Does LA have a current PBM? No If so, who is the PBM providing services for the LA ADAP?
44.	General			Please describe the current prescription dispensing model. Full pay pharmacy services are currently managed by SHP through the Louisiana AIDS Drug Assistance Program (ADAP) providing pharmacy services via contract with the 10 LSU Medical Centers. Third party claims are currently managed by HIV/AIDS Alliance for Region Two (HAART) through the Louisiana Health Insurance Program (HIP) which currently has an open pharmacy network. Both programs serve clients residing in all 64 parishes in the State of Louisiana.
45.	General			What are the top 10 pharmacies dispensing to LA ADAP clients? Outside of the 10 LSU pharmacies currently contracted to provide ADAP full pay services, the top HIP Participating Pharmacies (retail pharmacies) are:

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				<p>Avita Drugs Bordelon's Super Save Pharmacy CuraScript Pharmacy CVS Caremark Medco Prescription Mart Prescription Solutions Reliant Healthcare Rosser's RX Shop Walgreen Walmart</p>
46.	General			<p>Is Louisiana a direct purchase, rebate, or hybrid ADAP state?</p> <p>Louisiana has historically been a 340B hybrid ADAP pricing state. Although the LA ADAP program is currently functioning under a direct purchase pricing model, Louisiana is considered a mixed purchasing state since the health insurance services are provided through a separate mechanism and partial pay rebates are collected. SHP is open to considering a purchase model restructuring during the contract negotiation process.</p>
47.	Attachment V.	45	Sample Cost Template	<p>Will DHH accept an alternate cost proposal in addition to the required cost template included in the RFP?</p> <p>Only one pricing proposal may be submitted; however proposers are encouraged to differentiate costs and/or provide additional information to better inform RFP reviewers of the overall budget required to providing the various services to eligible clients through the applicant entity. .</p>
48.	General			<p>Are there any prior authorization requirements on the existing ADAP formulary?</p> <p>No.</p> <p>If so, does the current PBM process these requests or is this handled by SHP?</p> <p>OPH SHP does not currently contract with a PBM.</p>
49.	General			<p>Who is LA ADAP's current wholesale drug distributor?</p> <p>Morris and Dickson.</p>

Services provided in Calendar Year 2011:

2522 clients received 40,100 drug fills were through ADAP primary (full pay).

919 clients received 30,568 drug fills through ADAP as secondary (HIP* co-payments/deductibles).

Region	ADAP Persons	ADAP Scripts
1	985	17404
2	640	9626
3	70	1045
4	205	2646
5	149	2181
6	98	1472
7	154	2379
8	135	2218
9	86	1129
	2,522	40,100

Region	HIP Persons	HIP Scripts
1	8	191
2	388	13199
3	26	1073
4	102	3497
5	80	2256
6	39	1445
7	106	3219
8	97	3007
9	73	2681
	919	30,568

*HIP data is prior to the program's copayment/deductible expansion to the eight (8) parish Ryan White New Orleans EMA on January 1, 2012.

HIP client count by Parish (prior to expansion to NOLA EMA)

Any cell reflecting < 5 persons per parish has been removed.

Parish	Persons	Scripts
Ascension	24	1,240
Bossier	17	496
Caddo	70	2,015
Calcasieu	66	1,778
E Baton Rouge	335	10,783
Lafayette	49	1,898
Lincoln	12	191
Livingston	25	1,083
Ouachita	56	1,981
Rapides	25	797
St Landry	21	565
Tangipahoa	33	870
Terrebonne	11	452
W Baton Rouge	11	306
Sum of parishes with < 5 persons served	164	6113
	919	30,568

Calendar Year 2011 Program Costs

	ADAP as secondary (HIP* co-payments/ deductibles)	ADAP primary (full pay)	TOTAL
January 2011	\$143,470.05	\$1,499,871.70	\$1,643,341.75
February 2011	\$145,857.06	\$1,370,348.89	\$1,516,205.95
March 2011	\$156,001.46	\$1,464,566.44	\$1,620,567.90
April 2011	\$126,781.31	\$1,274,726.36	\$1,401,507.67
May 2011	\$113,825.06	\$1,402,361.75	\$1,516,186.81
June 2011	\$117,795.67	\$1,422,388.40	\$1,540,184.07
July 2011	\$87,337.82	\$1,287,370.88	\$1,374,708.70
August 2011	\$99,685.48	\$1,287,884.97	\$1,387,570.45
September 2011	\$89,334.03	\$1,117,191.18	\$1,206,525.21
October 2011	\$75,892.84	\$1,156,887.57	\$1,232,780.41
November 2011	\$94,375.42	\$1,324,587.99	\$1,418,963.41
December 2011	\$70,395.16	\$1,403,254.23	\$1,473,649.39
			\$17,332,191.72

*HIP data is prior to the program's copayment/deductible expansion to the eight (8) parish Ryan White New Orleans EMA on January 1, 2012.

Louisiana ADAP Full Pay Formulary
Formulary updated 12/5/2011

Generic required when available unless otherwise specified by clinician.

Generic Name	Brand Name	Generic Name	Brand Name
Combination Classes		Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)	
Efavirenz/Emtricitabine/Tenofovir	Atripla (Sustiva/Truvada)	Rilpivirine	Edurant
Rilpivirine/Tenofovir/Emtricitabine	Complera (Edurant/Viread/Emtriva)	Etravirine	Intelence
		Delavirdine	Rescriptor
CCR5 Inhibitors		Efavirenz	Sustiva
Maraviroc	Selzentry	Nevirapine	Viramune
Integrase Inhibitors		Opportunistic Infection (OI) Medications	
Raltegravir	Isentress	Acyclovir	Zovirax
		Amphotericin B	Fungizone
Nucleoside/tide Reverse Transcriptase Inhibitors (NRTIs)		Atovaquone	Mepron
Zidovudine/Lamivudine	Combivir	Azithromycin	Zithromax**
Emtricitabine	Emtriva	Cidofovir	Vistide
Lamivudine (3TC)	Epivir	Clarithromycin	Biaxin
Lamivudine/Abacavir	Epzicom	Clindamycin	Cleocin
Zidovudine (AZT)	Retrovir*	Dapsone	
Abacavir/Zidovudine/Lamivudine	Trizivir	Ethambutol	Myambutol
Emtricitabine/Tenofovir	Truvada	Famciclovir	Famvir
Didanosine (ddI)	Videx / Videx EC*	Fluconazole	Diflucan
Tenofovir	Viread	Flucytosine	Ancobon**
Stavudine (d4T)	Zerit*	Fomivirsen	Vitravene
Abacavir Sulfate	Ziagen	Foscarnet	Foscavir
Protease Inhibitors (PIs)		Ganciclovir	Cytovene
Tipranavir	Aptivus	Isoniazid (INH)	Lanizid, Nydrazid
Indinavir	Crixivan	Itraconazole	Sporonox
Saquinavir Mesylate	Invirase	Leucovorin calcium	Wellcovorin
Lopinavir/Ritonavir	Kaletra	Pentamidine	Nebupent
Fosamprenavir	Lexiva	Prednisone	Sterapred
		Probenecid	
Ritonavir	Norvir	Pyrazinamide (PZA)	
Darunavir	Prezista	Pyridoxine	Vitamin B6
Atazanavir	Reyataz	Pyrimethamine	Daraprim
Nelfinavir	Viracept	Ribavirin	Virazole, Rebetol, Copegus
Fusion Inhibitor		Rifabutin	Mycobutin
		Rifampin (RIF)	Rifadin, Rimactane
Enfuvirtide	Fuzeon	Sulfadiazine (oral generic)	Microsulfon
		Trimethoprim/Sulfamethoxazole	Bactrim, Septra
		Valacyclovir	Valtrex
**Brand name preferred		Valganciclovir	Valcyte

LA HIP (copayments/deductibles) currently has an open formulary, excluding only erectile dysfunction and over the counter medications.